Statement of C	rganization						1	Name of the latest and the latest an
<b>Recipient Com</b>	mittee				RECEIVED A	ND FILED	CALIFO	RNIA AAA
01.1	☐ Initial		les .		in the office of the S	ecretary of State	e FORI	M 41U
•		Amendment	∐ Ter	mination - See Part	t 5 of the State of	California	For	Official Use Only
	O Not yet qualified or				SEP 07	2018		
	O Date qualification threshold met		Ι	Date of termination	02.	20.0		
	//	08 , 29 , 18			Hand Delivered	, Sacrament	d	
La Committe Lin				Z Treasurer a		Market Service		
NAME OF COMMITTEE	(if applicable,	1400972		SINGLE CONTROL OF THE PARTY OF	e e men minut	par Onice s		
	or Lincoln City Council 2018			NAME OF TREASURER			And the state of	AND THE PROPERTY OF THE PARTY O
-	, , , , , , , , , , , , , , , , , , , ,			Melissa Gee				
				STREET ADDRESS (NÓ P.O. BO	OX)			
					,			
STREET ADDRESS (NO P.O.	BOX)		<del></del>	CITY		STATE	ZIP CODE	AREA CODE/PHONE
CITY				Roseville		CA	95747	· · · · · · · · · · · · · · · · · · ·
	STATE ZIP C	· · · · · · · · · · · · · · · · · · ·		NAME OF ASSISTANT TREASU	URER, IF ANY			
Lincoln		648						
FULL MAILING ADDRESS (II	F DIFFERENT)			STREET ADDRESS (NO P.O. BO	OX)			
E-MAII ADDRESS (SCOULS)	TOL (TAY IONTO)							
E-MAIL ADDRESS (REQUIRE	-DI/ FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE								
Placer	JURISDICTION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICE	R(S)			
- 10001	Lincoln			Alyssa Silhi				
				STREET ADDRESS (NO P.O. BO	ואכ			
Attach additional in	nformation on appropriately labe	eled continuation sheets		ÇITY	¥	STATE	ZIP CODE	AREA CODE/PHONE
				Lincoln		CA	95648	
at Way in Gain Orbita	The same of		W. Carlo	4.000 B 10 10 14 14 10			MODELLI CONTROL CONTRO	
I have used all rea	asonable diligence in preparing to y under the laws of the State of th	his statement and to the hord	t of mul		nation contained h	perein is true a	nd complete	Looritia
penalty of perjur		California that the foregoing is	s true ar	nd correct.		ici cin is ci de q	na complete.	rcerary under
Executed on	8/29/18	JUSSA 18VV						
	8/29/18 (/	Variation () SIG	NATURE OF	TREASURER OR ASSISTANT TREA	ASURER			
Executed on	DATE By	WAY						
5	7	SIGNATURE OF CONTR	OLLING OFFI	CEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT			
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Secured Off	DATE By	SIGNATURE OF COLUM	OU INC SE	location and the same of the s				
		SIGNAL ORE OF CONTR	CULLING OFF	ICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE						FORNIA 410
					Page 2	
COMMITTEE NAME Elect Alyssa Silhi for Lincoln City Council 2018					I.D. NUMBER	1408972
<ul> <li>All committees must list the financial institution where the campaig</li> </ul>	gn bank account	t is located.				
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOL	NT NUMBER		
First Northern Bank of Dixon						
ADDRESS	CITY		STATE	ZIP CODE		
2270 Douglas Boulevard, Suite 100	Rosevil	le	CA	95661		
Type of Committee Complete the applicable sections		West of the season	e Cha			
Controlled Committee				SECTION CHARACTER SECTION .	CASSAGE COM	
<ul> <li>List the name of each controlling officeholder, candidate, or st district number, if any, and the year of the election.</li> </ul>						fice sought or held, and
<ul> <li>List the political party with which each officeholder or candida</li> </ul>	ate is affiliated	or check nonpartis	n." Stating "No par	ty preference" is a	cceptable.	
<ul> <li>If this committee acts jointly with another controlled committee</li> </ul>	ee, list the nar	me and identification	number of the othe	er controlled comm	nittee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPÓNENT		ELECTIVE OFFICE SQUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			PARTY	
		MCCOSE DISTRICT NOMBER	IF AFFEICABLE)	ELECTION Nonp	CHECK ONE artisan Partisan	(list political party below)
Alyssa Silhi	Lincoln (	Lincoln City Council 2018			$A \mid \Box$	, , , , , , , , , , , , , , , , , , , ,
				Nonp	artisan Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support of	or oppose spec	ific candidates or me	asures in a single el	ection. List below		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OF IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM		CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTIC (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				CHECK ONE
						SUPPORT OPPOSE
		j				SUPPORT OPPOSE

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